

UWSDRC ECPC inForm® Tissue Finder™ Authorization Form

Date of Request: _____

Investigator Information

Name: _____

Department: _____

E-mail: _____

Phone: _____

Accounting # (For billing purposes):

Fund:	Dept:	Prog:	Proj:	Code:
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Authorized User		
First name	Last Name	Title

Certification of Usage: I certify that the research personnel listed above has received the proper training to use inForm® Tissue Finder™ software. I also certify that research personnel involved in the project have completed the required human subjects training. By signing, I further agree to provide follow-up on the use of the data analysis conducted, including in grant proposals, publications, and presentations and will acknowledge support for services received from UWSDRC.

Investigator signature: _____

Date: _____

Please fax completed form to 608-263-5223 or email to sdrc@dermatology.wisc.edu

For Office Use Only (date and initials)

Received: _____ Reviewed: _____ Approved: _____

Dept. of Dermatology HSC# _____ PI: _____